

17638 U.S. PTO

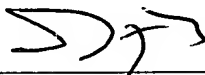
EXPRESS MAIL CERTIFICATE

Date 3-15-04Label No. EL 749214915 US

I hereby certify that, on the date indicated above I deposited this paper or fee and every paper referred to therein with the U.S. Postal Service and that it was addressed for delivery to the Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 by "Express Mail Post Office to Addressee" service.

Richard T. Lyon
Name (Print)

Signature

22581 U.S. PTO
10/800462

031504

PATENT APPLICATION
L&H No. HAV-060-03

Hon. Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

Enclosed please find an application for United States patent as identified below:

Inventor/s: KEVIN HARVEY; ROBIN HARVEY


Title: **GRAVITY ACTUATED COLLAPSIBLE GARMENT HANGER**

including the items indicated:

1. Specification and 42 claims: 4 indep.; 38 dep.; 0 multiple dep. (32 pages)
2. Informal Drawings: 8 sheets
3. Patent Fee Computation Sheet (1 page) and Credit Card Payment Form (1 page)
4. Executed Declaration and Power of Attorney (3 pages)
5. Assignment (2 pages), Assignment Recordation Form Cover Sheet (1 page) and Credit Card Authorization Payment Form (1 page)
6. Information Disclosure Statement (2 pages), Form PTO-1449 (1 page) and Copies of 41 cited references
7. Return Receipt Postcard

LYON & HARR, LLP
300 Esplanade Drive
Suite 800
Oxnard, CA 93036
(805) 278-8855

Respectfully submitted


Richard T. Lyon
Reg. No. 37,385
Attorney for Applicant(s)



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PATENT APPLICATION
L&H Docket No. HAV-060-03

PATENT FEE COMPUTATION SHEET

The inventor qualifies as a small entity independent inventor for purposes of paying reduced fees.

	Claims	Number Extra	Fee
Basic Fee (Small Entity).....			\$ 385.00
Total Claims.....	42 – 20	22 x \$9	\$ 198.00
Independent Claims.....	4 – 3	1 x \$43	\$ 43.00
If Multiple Dependent Claims are Present, Add 260.00 EA.....			\$ 0.00
TOTAL AMOUNT DUE.....			\$ 626.00

___ A check in the amount of \$_____ is attached.

XX A Credit Card Payment Form (PTO-2038) for payment in the amount of \$ 626.00 is attached.

___ The Commissioner is hereby authorized to charge and credit Deposit Account No. _____ as described below. A duplicate copy of this sheet is enclosed.

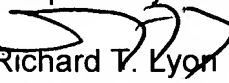
___ Charge the amount of _____ as a filing fee.

___ Credit any overpayment

___ Charge any additional filing fees required under 37 CFR 1.16 and 1.17.

Lyon & Harr, LLP
300 Esplanade Drive
Suite 800
Oxnard, CA 93036
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Respectfully Submitted


Richard T. Lyon
Reg. No. 37,385
Attorney for Applicant(s)